

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005946	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2016
NAME OF PROVIDER OR SUPPLIER  MCLEAN COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH MAIN NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Annual Licensure and Certification Survey  STATEMENT OF LICENSURE VIOLATIONS:	S 000		
S9999	Final Observations  SECTION 300.670 DISASTER PREPAREDNESS c) c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 3) Evaluate the effectiveness of disaster plans and procedures The requirement was not met as evidence by: Based on interview and record review the facility failed to conduct two Disaster Drills per year and for all shifts in the facility. This has the potential to affect all of the 112 residents residing in the facility. Findings include: The policy titled Disaster Plan, no date, states, "...The Maintenance Director will ensure that all staff receives disaster plan training during orientation and at least annually or when the plan is modified..." A Tornado Drill dated 5/20/16 Participation Sign-in documents 32 employees from first and second shifts signed the sheet. On 8/30/16 E7, Maintenance Director stated, "We don't have a write-up for the disaster drill done on 5/20/16. We did the drill and then employees signed the sheet. It wasn't done for the third shift. The tornado drill in May was the only one that we	S9999		

**Attachment A**  
**Statement of Licensure Violation**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1  have done since last year." According to the Centers for Medicaid and Medicare Services (CMS) form 672, the Resident Census and Condition of Resident's Report dated 8/29/16 and signed by E3 (Care Plan Coordinator), documents at the time of the survey 112 residents resided in the facility. (B)	S9999		